

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5654AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2011
NAME OF PROVIDER OR SUPPLIER HIGHLAND VILLAGE OF ELKO		STREET ADDRESS, CITY, STATE, ZIP CODE 2850 RUBY VISTA DR ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 6/14/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of A. The facility is licensed for 35 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 33. Ten resident files were reviewed and 11 employee files were reviewed. The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 6/14/11, the facility failed to ensure 1 of 10 employees complied with	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 NAC 441A.375 regarding tuberculosis (TB) testing (Employees #9). Employee #9 tested positive with an induration of 21mm in 2009. He did not have a signs and symptoms review in 2009, 2010 or 2011. Despite proof of the positive TB skin test, facility nursing staff gave him another TB skin test on 5/20/11. This was a repeat deficiency from the 5/4/11 State Licensure survey. Severity: 2 Scope: 1	Y 103			
Y 175 SS=D	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 6/14/11, the facility was not kept free of hazards in 1 of 3 rooms which contained oxygen tanks (Room 621 - 6 unracked oxygen tanks leaning against a wall). Severity : 2 Scope : 1	Y 175			
Y 250 SS=E	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be	Y 250			

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Y 250	<p>Continued From page 2</p> <p>adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 6/14/11, the facility did not ensure its equipment (1 of 4 heated food transport carts) was in good working condition and failed to ensure the food preparation areas were clean.</p> <p>a) In the kitchen, 3 food transport carts were being pre-heated for dinner. A fourth cart was left cold. Dietary staff stated they use all 4 carts to take food out to the patients but the thermostat on the fourth one was broken.</p> <p>b) The steam table in the pantry had a large accumulation of flaking scales at the waterline and in the water.</p> <p>c) The pantry microwave contained some room temperature food wrapped in aluminum foil. Caregivers stated they did not know what it was or how long it had been there.</p> <p>d) The pantry cupboard contained an unlabeled 4 quart container of white crystals. Staff stated that it's either sugar or salt.</p> <p>Severity: 2 Scope: 3</p>	Y 250			
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis	Y 936			

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Y 936	<p>Continued From page 3</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/14/11, the facility failed to ensure 4 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2, #8 and #9 - annual TB tests overdue and Resident #7 - no test read date).</p> <p>This was a repeat deficiency from the 5/4/11 State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	Y 936			

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